

BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
<b>CLAIMS</b>									
	<b>AS FILED</b>		<b>AFTER 1st AMENDMENT</b>		<b>AFTER 2nd AMENDMENT</b>		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1						51			
2		1				52			
3		1				53			
4	1					54			
5		1				55			
6		1				56			
7	1					57			
8		1				58			
9		1				59			
10		1				60			
11	1					61			
12		1				62			
13		1				63			
14	1					64			
15		1				65			
16		1				66			
17	1					67			
18		1				68			
19		1				69			
20	1					70			
21		1				71			
22	1					72			
23		1				73			
24	1					74			
25		1				75			
26	1					76			
27		1				77			
28						78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	10		1			TOTAL IND.			
TOTAL DEP.	17		1			TOTAL DEP.			
TOTAL CLAIMS	27					TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS